

Travel Expense Reimbursement Form

Name: _____
Affiliation: _____
Address: _____

I hereby certify that expenses listed below were incurred by me on official business of the Commonwealth of Virginia and include only such expenses as were necessary in the conduct of this business.

Traveler's Signature _____
 (Please Use Ink)

Authorizing Signature _____
 (If Required) (Please Use Ink)

Meeting Attended: _____

Bill or Resolution No. _____

Date of Meeting: _____

Location: _____

Miles Reimbursed: _____

From: _____ **To** _____
 One Way Round Trip

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total		
Date of Expense									1134	
Meals - Breakfast									1224	
Lunch									1227	
Dinner									1282	
Lodging (attach orig. receipt)									1283	
Parking/Tolls (attach orig. receipt)									1285	
Fares: Aircraft, Bus, Car Rental, Train, Taxi, etc. (attach orig. receipt)									1287	
Registration Fee									1288	
Other Expenses										
Mileage									Batch #	

MAIL TO: Fiscal Office, Senate of Virginia
 P.O. Box 396
 Richmond, VA 23218

OR

Fiscal Office, House of Delegates
 P.O. Box 406
 Richmond, VA 23218

TOTAL REIMBURSEMENT

Voucher #